831	PINE	BEACH	ROAD
001	FINE	DEACH	NUMP

MARI NETTE 54143 Phone: (715) 732-0155	5	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	161	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	161	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	143	Average Daily Census:	146
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	34. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	2.8	More Than 4 Years	28. 0
Day Services	No	Mental Illness (Org./Psy)	35. 7	65 - 74	7. 0		
Respite Care	No	Mental Illness (Other)	6. 3	75 - 84	31. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3. 5	95 & 0ver	7. 7	Full-Time Equivalen	t
Congregate Meals	No	Cancer	2. 8	İ	ĺ	Nursing Staff per 100 Res	si dents
Home Delivered Meals	Yes	Fractures	4. 9		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	6. 3	65 & 0ver	97. 2		
Transportati on	No	Cerebrovascul ar	11. 2	'		RNs	11. 3
Referral Service	Yes	Di abetes	1.4	Sex	%	LPNs	6. 5
Other Services	No	Respi ratory	4. 9		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	21.7	Male	22.4	Aides, & Orderlies	45.6
Mentally Ill	No			Femal e	77. 6		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care		l	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	19	100.0	134	77	83. 7	94	0	0.0	0	25	83. 3	134	0	0.0	0	2	100.0	134	123	86. 0
Intermedi ate				15	16. 3	77	0	0.0	0	5	16. 7	128	0	0.0	0	0	0.0	0	20	14. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	19	100.0		92	100.0		0	0.0		30	100.0		0	0.0		2	100.0		143	100. 0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	Percent Distribution of Residents' Conditions, Services, and Activities as of									
zenems zuring nepereing rerren	-	<u> </u>			% Needi ng		Total					
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of					
Private Home/No Home Health	7. 6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents					
Private Home/With Home Health	3.8	Bathi ng	0 . 0		42. 0	58. 0	143					
Other Nursing Homes	0.5	Dressi ng	3. 5		80. 4	16. 1	143					
Acute Care Hospitals	83. 2	Transferring	22. 4		59. 4	18. 2	143					
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 1		60. 1	23. 8	143					
Reĥabilitation Hospitals	0.0	Eating	38. 5		55. 9	5. 6	143					
Other Locations	4. 9	**************	******	*****	******	**********	********					
Total Number of Admissions	185	Conti nence		%	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	4. 2	Receiving R	espiratory Care	16. 1					
Private Home/No Home Health	14. 1	Occ/Freq. Incontinen	t of Bladder	49.7		racheostomy Care	0. 0					
Private Home/With Home Health	22. 9	Occ/Freq. Incontinen	t of Bowel	28. 7	Receiving S	ucti oni ng Č	0. 0					
Other Nursing Homes	3. 1	·			Recei vi ng 0		0. 0					
Acute Care Hospitals	4. 7	Mobility			Receiving T	'ube Feedi ng	0. 7					
Psych. HospMR/DD Facilities	0. 5	Physically Restraine	d	1.4	Receiving M	Echanically Altered Diets	60. 1					
Reĥabilitation Hospitals	0.0	i i			J	J						
Other Locations	8. 3	Skin Care			Other Residen	nt Characteristics						
Deaths	46. 4	With Pressure Sores		2.8	Have Advance	e Directives	85. 3					
Total Number of Discharges		With Rashes		9. 1	Medi cati ons							
(Including Deaths)	192				Receiving P	sychoactive Drugs	44. 1					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility			100	Si ze: - 199 · Group	Ski	ensure: lled Group	Al l Faci l	l lities	
	% % Ra		Ratio	% Ratio		% Ratio		%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90. 7	92. 7	0. 98	84. 1	1. 08	85. 8	1. 06	84. 6	1. 07	
Current Residents from In-County	72. 7	74. 5	0. 98	79. 3	0. 92	69. 4	1. 05	77. 0	0. 94	
Admissions from In-County, Still Residing	21. 6	27. 9	0. 77	25. 5	0. 85	23. 1	0. 93	20. 8	1. 04	
Admissions/Average Daily Census	126. 7	95. 2	1. 33	110. 2	1. 15	105. 6	1. 20	128. 9	0. 98	
Discharges/Average Daily Census	131. 5	95. 2	1. 38	110. 6	1. 19	105. 9	1. 24	130. 0	1. 01	
Discharges To Private Residence/Average Daily Census	48. 6	31. 4	1. 55	41. 2	1. 18	38. 5	1. 26	52. 8	0. 92	
Residents Receiving Skilled Care	86. 0	91.4	0. 94	93. 8	0. 92	89. 9	0. 96	85. 3	1. 01	
Residents Aged 65 and Older	97. 2	97. 3	1. 00	94. 1	1. 03	93. 3	1. 04	87. 5	1. 11	
Title 19 (Medicaid) Funded Residents	64. 3	64. 2	1.00	66. 9	0. 96	69. 9	0. 92	68. 7	0. 94	
Private Pay Funded Residents	21. 0	29.6	0.71	23. 1	0. 91	22. 2	0. 94	22. 0	0. 95	
Developmentally Disabled Residents	1. 4	0. 7	2. 02	0. 6	2. 17	0. 8	1. 86	7. 6	0. 18	
Mentally Ill Residents	42. 0	36.0	1. 17	38. 7	1.08	38. 5	1.09	33. 8	1. 24	
General Medical Service Residents	21. 7	21.3	1.02	21.8	1.00	21. 2	1. 02	19. 4	1. 12	
Impaired ADL (Mean)	54. 3	49.0	1. 11	48. 4	1. 12	46. 4	1. 17	49. 3	1. 10	
Psychological Problems	44. 1	50. 2	0.88	51. 9	0. 85	52. 6	0.84	51. 9	0. 85	
Nursing Care Required (Mean)	11. 1	7. 5	1. 48	7. 5	1. 48	7. 4	1.49	7. 3	1. 51	